

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32118

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>166</u>		PRIMARY REG. DIST. NO. <u>5603</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grover Twn.</u>		c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Grover Township</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8 miles North of Knob Noster</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 26, 1880</u>	
9. AGE (in years last birthday) <u>71</u>		10. MONTHS <u>11</u> DAYS <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		13a. FATHER'S NAME <u>Jacob Collett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Haynes</u>	
13c. NAME OF HUSBAND OR WIFE <u>Robert Lee Young</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Lee Young, Knob Noster, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma primary liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>8 Sept 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of liver</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June</u> , 194 <u>6</u> , to <u>26 Sept</u> , 1952, that I last saw the deceased alive on <u>23 Sept</u> , 1952, and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>T Reed Mason</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>3 Oct 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 28 52</u>		REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>		ADDRESS <u>Knob Noster, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 6 - 1962
J. HENSON COUNTY HEALTH D. PT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Mester, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.